



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE**  
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<b>SERIAL NUMBER</b> 09/513,998	<b>FILING DATE</b> 02/23/2000 <b>RULE</b> —	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2749	<b>ATTORNEY DOCKET NO.</b> 19504-028
<b>APPLICANTS</b> Richard J. Helferich, Chapel Hill, NC ;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF 08/989,874 12/12/1997				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** SMALL ENTITY **</b> <b>** 04/12/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 17
Verified and Acknowledged Examiner's Signature _____ Initials _____			<b>INDEPENDENT CLAIMS</b> 15	
<b>ADDRESS</b> Mintz Levin Cohn Ferris Glovsky and Popeo PC 11911 Freedom Drive Suite 400 Reston ,VA 20190				
<b>TITLE</b> User interface for voice message access				
<b>FILING FEE RECEIVED</b> 813	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 6034

<b>SERIAL NUMBER</b> 09/513,998	<b>FILING DATE</b> 02/23/2000 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2684	<b>ATTORNEY DOCKET NO.</b> 19504-028
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**APPLICANTS**  
 Richard J. Helferich, Chapel Hill, NC;

**\*\* CONTINUING DATA \*\*** *Yes* *CS*  
 This application is a CON of 08/989,874 12/12/1997 PAT 6,097,941

**\*\* FOREIGN APPLICATIONS \*\*** *None* *CS*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
 \*\* 04/12/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> <del>17</del> 46	<b>INDEPENDENT CLAIMS</b> <del>15</del> 29
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Verified and Acknowledged *[Signature]* Examiner's Signature *[Initials]*

**ADDRESS**  
6449

**TITLE**  
User interface for voice message access

<b>FILING FEE RECEIVED</b> 1593	FEES: Authority has been given in Paper to _____ to charge/credit DEPOSIT ACCOUNT to _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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